

## General

### Title

Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine or who have documented immunity to hepatitis A.

### Source(s)

American Gastroenterological Association (AGA). Hepatitis C measures group overview. Bethesda (MD): American Gastroenterological Association (AGA); 2016 Jan. 17 p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine or who have documented immunity to hepatitis A.

This measure is paired with [Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis B vaccine or who have documented immunity to hepatitis B](#). Implementers of this measure should not use this measure without the hepatitis B vaccination measure.

### Rationale

The hepatitis A vaccination decreases the potential for a patient acquiring hepatitis A which would contribute to further liver damage. A single report has suggested that superimposition of hepatitis A virus

infection in persons with chronic liver disease, particularly those with hepatitis C, was associated with fulminant hepatitis. Therefore, it is recommended that persons with chronic hepatitis C virus (HCV) infection who lack evidence of preexisting antibody to hepatitis A be administered the hepatitis A vaccine.

#### Clinical Recommendation Statements:

All persons with chronic HCV infection who lack antibodies to hepatitis A and B should be offered vaccination against these two viral infections (Ghany et al., 2009).

Patients with chronic hepatitis C should be vaccinated against hepatitis A virus (HAV) and hepatitis B virus (HBV) (European Association for the Study of the Liver, 2011).

## Evidence for Rationale

American Gastroenterological Association (AGA). Hepatitis C measures group overview. Bethesda (MD): American Gastroenterological Association (AGA); 2016 Jan. 17 p.

European Association for the Study of the Liver. EASL Clinical Practice Guidelines: Management of hepatitis C virus infection. J Hepatol. 2011 Aug;55(2):245-64. [PubMed](#)

Ghany MG, Strader DB, Thomas DL, Seeff LB, American Association for the Study of Liver Diseases. Diagnosis, management, and treatment of hepatitis C: an update. Hepatology. 2009 Apr;49(4):1335-74. [PubMed](#)

## Primary Health Components

Chronic hepatitis C virus (HCV); hepatitis A vaccine

## Denominator Description

Patients aged 18 years and older with a specific diagnosis of chronic hepatitis C (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Patients who have received at least one injection of hepatitis A vaccine or who have documented immunity to hepatitis A (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

### Statement of Acceptable Minimum Sample Size

Specified

### Target Population Age

Age greater than or equal to 18 years

### Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Living with Illness

### IOM Domain

Effectiveness

## Data Collection for the Measure

### Case Finding Period

The reporting period (January 1 through December 31)

### Denominator Sampling Frame

Patients associated with provider

### Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

Inclusions

Patients aged 18 years and older with a specific diagnosis of chronic hepatitis C

*Denominator Criteria (Eligible Cases):*

Patients aged greater than or equal to 18 years on date of encounter

AND

One of the following diagnosis codes indicating chronic hepatitis C (International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes): B18.2

AND

One of the specific Current Procedural Terminology (CPT) patient encounter codes (refer to the original measure documentation for specific CPT codes)

Exclusions

Unspecified

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

Inclusions

Patients who have received\* at least one injection of hepatitis A vaccine or who have documented immunity to hepatitis A

*\*Received:* Includes at least one injection of hepatitis A vaccine during a current or prior visit, or previous receipt from another provider.

Exclusions

Documentation of medical reason(s) for not administering at least one injection of hepatitis A vaccine (e.g., allergy or intolerance to a known component of the vaccine, other medical reasons)  
Documentation of patient reason(s) for not administering at least one injection of hepatitis A vaccine (e.g., patient declined, insurance coverage, other patient reasons)

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Registry data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Measure #183: hepatitis C: hepatitis A vaccination.

### Measure Collection Name

Hepatitis C

### Submitter

American Gastroenterological Association - Medical Specialty Society

### Developer

American Gastroenterological Association - Medical Specialty Society

### Funding Source(s)

Unspecified

### Composition of the Group that Developed the Measure

Unspecified

## Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Measure Initiative(s)

Physician Quality Reporting System

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2016 Jan

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

2017

## Measure Status

This is the current release of the measure.

This measure updates a previous version: American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2010 Sep. 42 p.

## Measure Availability

Source not available electronically.

For more information, contact the American Gastroenterological Association (AGA) at 4930 Del Ray Avenue, Bethesda, MD 20814; Phone: 301-654-2055; Fax: 301-654-5920; E-mail: [measures@gastro.org](mailto:measures@gastro.org); Web site: [www.gastro.org](http://www.gastro.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on February 27, 2009. The information was verified by the measure developer on May 21, 2009.

This NQMC summary was retrofitted into the new template on June 6, 2011.

This NQMC summary was edited by ECRI Institute on April 27, 2012.

Stewardship for this measure was transferred from the PCPI to the AGA. AGA informed NQMC that this measure was updated. This NQMC summary was updated by ECRI Institute on March 14, 2016. The information was verified by the measure developer on March 29, 2016.

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## Production

### Source(s)

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